DSHS – HRSA

Division of Developmental Disabilities (DDD)

HIPAA Rule 1 Data Gap Analysis

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1 Executive Summary

1.1 Goal

Since all payers must support all electronic HIPAA transactions if they correspond to any of the payer's business processes, whether manual or electronic, DDD must support the following HIPAA transactions:

270/271-Eligibility Inquiry and Response

1.2 Method

The purpose of HIPAA Data Gap Analysis is to identify detailed programming/field-level issues which need remediation in order for DDD to be HIPAA compliant. The steps to accomplish this include:

1. Identify the DSHS administrations' business processes that correspond to HIPAA transactions
2. Perform data mapping (comparisons) between HIPAA transactions and legacy records
3. Identify and document the HIPAA data analysis gaps

1.3 Results

Five HIPAA business processes were identified for which data mapping should be done. All of these have been mapped and the results are documented here.

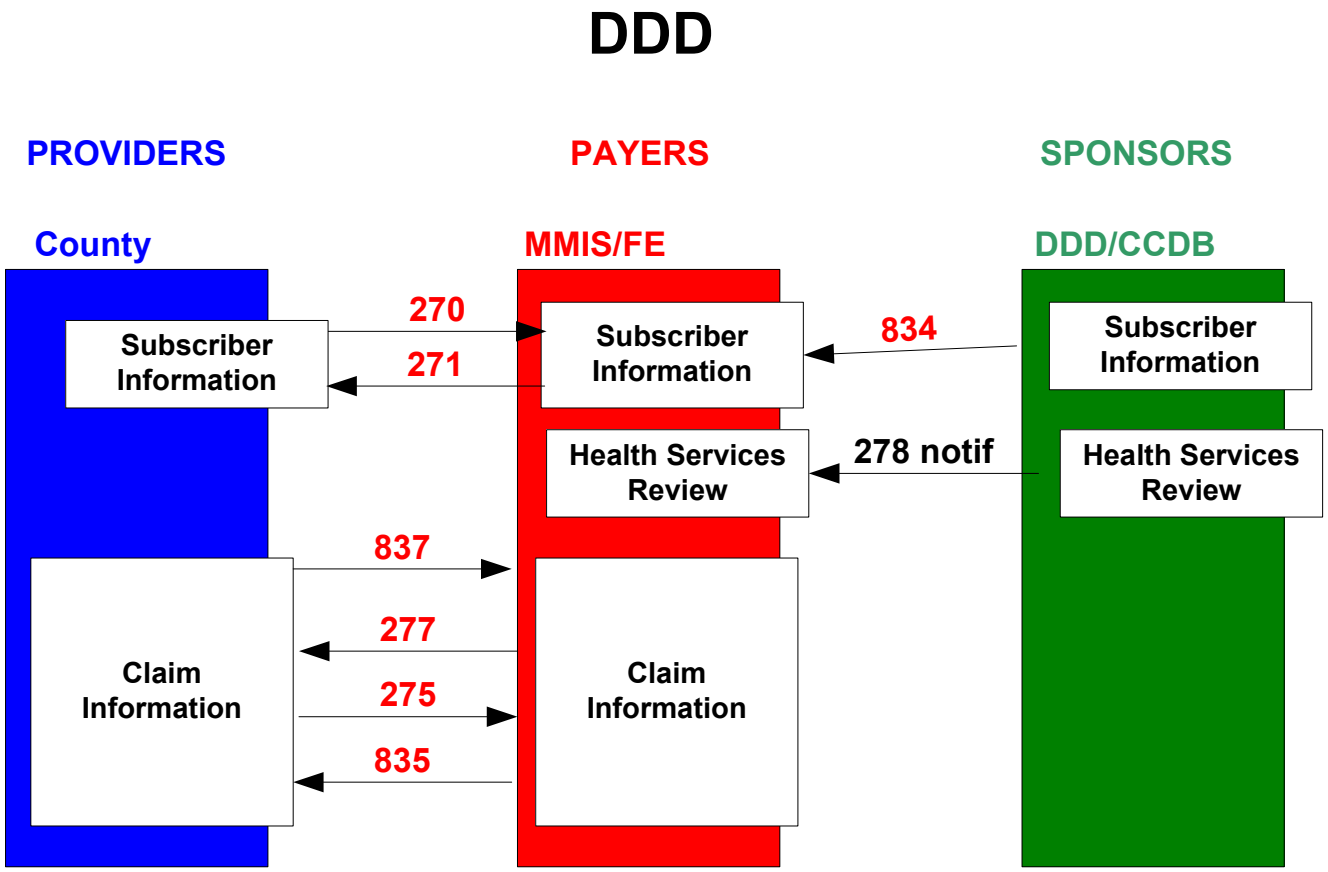
The major gaps are summarized as follows:

- Legacy subscriber last name and address line fields are too short for HIPAA
- Much data in the CCDB system cannot be used in HIPAA transactions. DDD experts will need to analyse what to do about this.
- For 271-Eligibilty Response,
    - 1 HIPAA required data element is not available from the legacy system,
    - 3 HIPAA 270 data elements must be stored and forwarded in the 271 transaction,

2 Identify Transactions (Step 1)

The first step is to identify which business processes must be HIPAA compliant, by comparing the HIPAA transactions (tx) descriptions with the business processes. This was partially accomplished by the Sierra business analysts and documented in their Deliverable I, and was refined during more recent discussions between Debbie Davies, DDD, and Francine Kitchen, HIPAA Consultant.

The following diagram shows a picture of the DDD business processes (and related systems) which correspond to HIPAA transactions.



3 Data Mapping (Step 2)

The second step of data gap analysis is to compare the HIPAA data elements to the legacy system data elements (fields). For example, if the administration's current information system will need to support a HIPAA claim status response, then it must contain a status code for each claim, because that is a required data element in the HIPAA transaction. The goal of data mapping is to identify:

- Where each legacy field will fit in the HIPAA transaction,
- Any HIPAA required data elements that are not stored in the legacy system,
- Any legacy system data elements that have no place to be sent in the HIPAA transaction,
- Any legacy system data elements that need to be longer to support HIPAA byte lengths,

A similar analysis must be done to identify all local codes that must be converted to standard codes. That was the responsibility of the Local Codes TAG (lead by Katie Sullivan), and is beyond the scope of this data mapping project.

In order to achieve the above data mapping goals, the following tasks were completed:

1. Identify which legacy system data records (tables) contain the relevant data elements for each transaction.
2. Load the legacy record layout (fieldnames, data types, byte lengths) into the gap analysis software/tool.
3. Match all the legacy record fields to a place to be sent in the HIPAA transaction, based upon HIPAA implementation guides and discussions with legacy system data content experts.
4. Identify any HIPAA required data elements that are not stored in the legacy system.
5. Document any known special processing logic that will be needed to convert data during implementation.
6. Generate a report out of the gap analysis tool to document all of the above.

The mapping report that was generated should be used not only for gap analysis, but also for implementation (in conjunction with the HIPAA Implementation Guides). It contains HIPAA data elements that are mapped to legacy fields with processing comments.

4 Identify Gaps (Step 3)

This section lists all the data issues that should be addressed in order to comply with HIPAA Rule 1 for this administration, as well as is known based on discussions with administration representatives. Based on the data mapping described in the previous section, the following sections describe the data gaps discovered. In the following tables, "Transaction", "Loop", and "Segment" identify the position of the data elements within the HIPAA transactions.

4.1 270/271 Eligibility Inquiry and Response

Payers must support the HIPAA electronic eligibility inquiry and response. Minimum support requires responding with a Yes/No whether the client is covered under a certain

plan/program. Only the 271 response is mapped and analsysed here, because all data elements in the 270 inquiry are included in the 271 response.

4.1.1 Legacy Fields Too Short for HIPAA

The following legacy fields are shorter than the length of the corresponding HIPAA data elements. HIPAA Rule 1 mandates that no data be truncated. So if data is received via a HIPAA transaction that is longer than the current field where it should be stored, AND that data would ever need to be sent back out in another HIPAA transaction, then the longer length must be accommodated.

Trans-action	Loop	Segment	HIPAA Data Element	HIPAA Length	Legacy Field Name	Legacy Length
All	Subscr	NM103	Subscriber Last Name	35	Last_Name	30
All	Subscr	NM3, N4	Subscriber Address	55	Subscriber Address Line	40

Since there are very few fields being used by DDD transactions, these are the only ones that are too short.

4.1.2 Required Data That May be Defaulted or Derived

Some data elements were determined to be required under the HIPAA guidelines that do not have a corresponding data element on the current system, but are of such a nature that they may be defaulted or derived outside of the normal business process, that is, by the implemented software (clearinghouse, translator, etc.). The mapping spreadsheet contains notes about literals and default values that should be used in these cases. No gap is involved in these cases.

4.1.3 Legacy Data No Longer Used

Many data elements are currently provided by the legacy system, but are not included in the HIPAA transaction. Thus it will no longer be possible for GAU to provide this information for this transaction. GAU must determine for each of these, whether a work-around will be needed. Only the first line of multiple service line fields is listed here, since each service line will be handled the same. Only the BarCode and SSSS tables that contain HIPAA data are surveyed for this list.

Table	Column
Assigned Disability Code	Client ID
Assigned Disability Code	Qualifying Disability Ind
Client	At_State_Psychiatric_Hosp_Ind
Client	Case_Manager_Id
Client	Comm_Safety_Participant_Ind

Client	County_At_Eligibility_Id
Client	DD_Client_With_Child_Ind
Client	DDD_Unit_ID_C
Client	Eligibility_Type_Code
Client	ICAP_Client_Ind
Client	Location_Type_At_Elig_Code
Client	Next_Review_Date
Client	Previous_Ethnic_Code
Client	Secondary_Ethnic_Code
Client	Status_Code
Client	Title
Client	Title_XIX_Certification_Ind
Client	UpDate_Date
Client	User_Id
Client History	Client ID
Client History	DDD Unit ID
Client History	Discharge Reason Note
Client History	Staff Id
Client History	Status Code
Client History	Status End Date
Client History	Status Review Date
Client History	UpDate Date
Client History	User Id
Client_Location	Assigned_RHC_PAT_Id
Client_Location	Assigned_RHC_Room_Id
Client_Location	Client_ID_CL
Client_Location	DDD_Unit_ID_CL
Client_Location	Departed_Date
Client_Location	Length_of_Stay_Number_CL
Client_Location	Location_Note_Text
Client_Location	Location_Type_Code
Client_Location	Placed_Date
Client_Location	Provider_Id_CL
Client_Location	Residence_Name
Client_Location	Respite_Placement_Flag
Client_Location	SSPS_Provider_Id_CL
Client_Location	UpDate_Date
Client_Location	User_Id
Client_Program_Activity	Address_Line_1_CPA
Client_Program_Activity	Address_Line_2_CPA
Client_Program_Activity	Anticipated_Graduation_Year
Client_Program_Activity	City_CPA
Client_Program_Activity	County_Id_CPA
Client_Program_Activity	DDD_Unit_ID_CPA
Client_Program_Activity	Fund_Source_Id_CPA
Client_Program_Activity	Length_of_Stay_Number_CPA
Client_Program_Activity	Phone_Number_CPA
Client_Program_Activity	Program_Activity_Note
Client_Program_Activity	Project_Id_CPA

Client_Program_Activity	Provider_Id_CPA
Client_Program_Activity	Provider_Name_CPA
Client_Program_Activity	School_District_Id
Client_Program_Activity	SSPS_Provider_Id_CPA
Client_Program_Activity	State_Abbvr_Id_CPA
Client_Program_Activity	UpDate_Date
Client_Program_Activity	User_Id
Client_Program_Activity	Zip_Code_CPA
County	County Id
County	DDD Unit Id
Provided_Service_Event	Client_Age_in_Months_Number
Provided_Service_Event	Comm_Hours_2_to_4_Staff_Number
Provided_Service_Event	Comm_Hours_Independent_Number
Provided_Service_Event	Comm_Hours_One_Staff_Number
Provided_Service_Event	Comm_Hours_With_Friend_Number
Provided_Service_Event	County_Program_Job_Code
Provided_Service_Event	DDD_Unit_ID
Provided_Service_Event	Fund_Source_Id
Provided_Service_Event	Hours_on_Site_Number
Provided_Service_Event	Hours_Worked_Quantity
Provided_Service_Event	Input_Error_Code
Provided_Service_Event	Job_Hired_Date
Provided_Service_Event	Job_Termination_Code
Provided_Service_Event	Job_Termination_Date
Provided_Service_Event	Month_Earnings_Amount
Provided_Service_Event	Month_Gross_Wage_Amount
Provided_Service_Event	Paid_Hours_Number
Provided_Service_Event	Pri_Termination_Reason_Code
Provided_Service_Event	Project_Id
Provided_Service_Event	Service_Begin_Date
Provided_Service_Event	Service_Days_Community_Number
Provided_Service_Event	Service_Days_Total_Number
Provided_Service_Event	Service_End_Date
Provided_Service_Event	Service_Hours_Number
Provider_Address	Address_Type_Code
Provider_Address	Fax_Phone_Number
Provider_Address	Provider_Id_PA
Provider_Address	UpDate_Date
Provider_Address	User_Id
Service_Provider	DDD_Unit_ID_SP
Service_Provider	End_Date
Service_Provider	Ethnic_Code
Service_Provider	Hispanic_Code
Service_Provider	Institution_Ind
Service_Provider	Provider_Gender
Service_Provider	Provider_Id_SP
Service_Provider	Provider_Note
Service_Provider	Provider_Type_Code_SP
Service_Provider	Social_Security_Number

Service_Provider	Start_Date
Service_Provider	Unavailable_Ind_SP
Service_Provider	UpDate_Date
Service_Provider	User_Id

4.1.4 Required Data Not Available From Legacy System

Loop	Segment	HIPAA Data Element	Comment
Info Source	NM109	Information Source Primary Identifier	Need a local ID for DDD

4.1.5 Store Data From Request

The following data must be stored from the incoming 278 request and returned in the response.

Loop	Segment	HIPAA Data Element	Comment
Info. Reciever	NM1	Information Receiver Name and ID	Store and return entire segment
Subscr.	TRN02, TRN03	Subscriber Trace Number and Assisning Entity	
Subscr.	REF	Patient Account Number	If 270 had a REF01="EQ", must store and return it

4.1.6 Code Set Usage

Beyond the format and data elements that must be used, the implementation guides for the HIPAA transaction dictate the required code sets to be utilized in certain data elements. Based upon our analysis of the current DDD business process, there are no currently used fields that need to convert to standard code sets. Use of HIPAA code sets are in new fields to be created and in fields to be stored and returned from the request.

Use of HIPAA code sets are in new fields to be created and in fields to be stored and returned from the request—these are documented in the two previous sections.

4.1.7 Looping

HIPAA transaction formats contain complex looping structures to allow repetition of sets of related data. The software that parses the incoming 837 transaction will need to accommodate optionally:

- Multiple Information Sources (Payers) per transaction (if routed through clearinghouse),
- Multiple Information Receivers for each Information Source,
- Multiple Subscribers for each Information Receiver,

- Multiple Dependents for each Subscriber,
- Multiple Benefits (Plans/Programs) for each patient.